

<i>SERFF Tracking Number:</i>	<i>RWCA-125896529</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Rockwood Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$75</i>
<i>Company Tracking Number:</i>	<i>NONFILED IMR FORMS 01/01/2009</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Non-Filed Inland Marine Forms 01/01/2009</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Rockwood Casualty Insurance Company

Product Name: Non-Filed Inland Marine Forms SERFF Tr Num: RWCA-125896529 State: Arkansas
01/01/2009

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$75

Sub-TOI: 09.0005 Other Commercial Inland
Marine

Co Tr Num: NONFILED IMR
FORMS 01/01/2009

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Andra Snyder

Disposition Date: 11/12/2008

Date Submitted: 11/12/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):
01/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization: AAIS

Reference Number: AAIS 2008-50

Reference Title: Countrywide and State Forms and Endts Listing

Advisory Org. Circular:

Filing Status Changed: 11/12/2008

State Status Changed: 11/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Initial action to adopt AAIS Forms and Endorsements for a Non-Filed Inland Marine Program - effective date 1/1/2009

Company and Contact

Filing Contact Information

SERFF Tracking Number: RWCA-125896529 State: Arkansas
Filing Company: Rockwood Casualty Insurance Company State Tracking Number: EFT \$75
Company Tracking Number: NONFILED IMR FORMS 01/01/2009
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Non-Filed Inland Marine Forms 01/01/2009
Project Name/Number: /

Andra Snyder, Regulatory Compliance Officer Andra.Snyder@RockwoodCasualty.com
654 Main Street (814) 926-4661 [Phone]
Rockwood, PA 15557 (814) 926-3249[FAX]

Filing Company Information

Rockwood Casualty Insurance Company CoCode: 35505 State of Domicile: Pennsylvania
654 Main Street Group Code: 457 Company Type: Property &
Casualty
Rockwood, PA 15557 Group Name: State ID Number:
(814) 926-4661 ext. 5232[Phone] FEIN Number: 25-1620138

SERFF Tracking Number:	RWCA-125896529	State:	Arkansas
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	No
Fee Explanation:	Filing fee - \$50
	Adoption of AAIS Forms - \$25
	Total - \$75
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Rockwood Casualty Insurance Company	\$75.00	11/12/2008	23879617

<i>SERFF Tracking Number:</i>	<i>RWCA-125896529</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>NONFILED IMR FORMS 01/01/2009</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Non-Filed Inland Marine Forms 01/01/2009</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/12/2008	11/12/2008

<i>SERFF Tracking Number:</i>	<i>RWCA-125896529</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Rockwood Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$75</i>
<i>Company Tracking Number:</i>	<i>NONFILED IMR FORMS 01/01/2009</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Non-Filed Inland Marine Forms 01/01/2009</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 11/12/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RWCA-125896529 State: Arkansas

Filing Company: Rockwood Casualty Insurance Company State Tracking Number: EFT \$75

Company Tracking Number: NONFILED IMR FORMS 01/01/2009

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Non-Filed Inland Marine Forms 01/01/2009

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AAIS Filing Authorization Notification	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Underground Mining Operations	Approved	Yes
Form	Inland Marine Underground Mining Endorsement	Approved	Yes
Form	Endorsement (manuscript)	Approved	Yes
Form	Inland Marine Dec Page	Approved	Yes
Form	Inland Marine Application	Approved	Yes

SERFF Tracking Number: RWCA-125896529 State: Arkansas

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Form Schedule

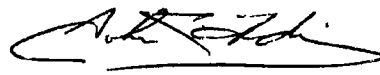
Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	Not applicable	Not applicable	Other	New			INLAND MARINE POLICY JACKET.pdf
Approved	Underground Mining Operations	CO 860	01 09	Endorsement/Amendment/Conditions	New			INLAND MARINE CO 860 01 2009.pdf
Approved	Inland Marine Underground Mining Endorsement	CO 654	01 09	Endorsement/Amendment/Conditions	New			INLAND MARINE CO 654 01 2009.pdf
Approved	Endorsement (manuscript)	CO 109	01 09	Endorsement/Amendment/Conditions	New			INLAND MARINE CO 109 01 2009.pdf
Approved	Inland Marine Dec Page			Declaration	New			INLAND MARINE DEC PAGE.pdf
Approved	Inland Marine Application			Application/Binder/Enrollment	New			INLAND MARINE APPLICATION.pdf

ROCKWOOD

CASUALTY INSURANCE COMPANY

IN WITNESS WHEREOF the company has caused this policy to be signed by its president and secretary but this policy shall not be valid unless countersigned on the declarations page by a duly authorized representative of the company. (NOT APPLICABLE IN VIRGINIA)


Secretary


President

UNDERGROUND MINING OPERATIONS

THE EXCLUSION CONTAINED IN THE CONTRACTORS' EQUIPMENT COVERAGE FORM,
UNDER **PROPERTY NOT COVERED, 5. UNDERGROUND MINING OPERATIONS** IS REMOVED
IN ITS ENTIRETY.

INLAND MARINE UNDERGROUND MINING ENDORSEMENT

It is understood and agreed that if any item covered under this policy is buried in a roof fall, rock fall, or cave-in, the insured will be required to report the occurrence to the Company prior to any attempts at recovery of the items involved. Upon notice of the occurrence the Company will have the option to participate in or supervise recovery of the insured items. Failure to comply with the provisions of this endorsement will void all coverage provided under this policy.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Policy or any Endorsement attached thereto, except as herein set forth.

ENDORSEMENT

NAMED INSURED	POLICY NUMBER	ENDORSEMENT NO.
ENDORSEMENT EFFECTIVE DATE AS OF 12:01 A.M. STANDARD TIME	ADDITIONAL PREMIUM	RETURN PREMIUM

ROCKWOOD CASUALTY INSURANCE COMPANY
ROCKWOOD, PA 15557

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

POLICY NUMBER: [Policy #]

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Policy or any Endorsement attached thereto, except as herein set forth.

ROCKWOOD CASUALTY INSURANCE
COMPANY
654 MAIN STREET
ROCKWOOD, PA 15557-1098

Countersigned by Authorized Representative

ROCKWOOD CASUALTY INSURANCE CO.

654 Main St., Rockwood, PA 15557

INLAND MARINE POLICY

A STOCK COMPANY

Policy Number

1. **NAMED INSURED AND MAILING ADDRESS**

(No., St., Apt., Town or City, State, Zip Code)

EMPLOYER FEDERAL ID:

AGENT OR PRODUCER

2. **POLICY PERIOD:** From To 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS ABOVE

RENEWAL OF NUMBER:

IF THIS COVERAGE REPLACES COVERAGE IN OTHER POLICIES WHICH ENDS ON THE INCEPTION DATE OF THIS COVERAGE BUT AT A DIFFERENT TIME, THIS COVERAGE WILL TAKE EFFECT WHEN THE OTHER COVERAGE ENDS:

RATE \$ _____

COVERAGE AMOUNT \$ _____

TOTAL PREPAID PREMIUM \$ _____

LOCATION ADDRESS:

FORMS AND ENDORSEMENTS THAT APPLY TO THIS COVERAGE ARE LISTED BELOW:

SEE ATTACHED ENDORSEMENT - - CO-850

LOSS PAYEE: EACH LOSS WILL BE ADJUSTED WITH THE INSURED. LOSSES ARE PAYABLE TO THE INSURED AND:

ACCORDING TO THE INTERESTS
OF EACH. LOSSES ARE PAID
ACCORDING TO THE PROVISIONS
OF THIS COVERAGE.

THIS POLICY IS NOT VALID UNLESS IT IS COUNTERSIGNED BY OUR AUTHORIZED REPRESENTATIVE.

COUNTERSIGNED _____ AT _____ BY _____

AUTHORIZED REPRESENTATIVE



COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

APPLICANT INFORMATION SECTION

AGENCY		CARRIER				NAIC CODE	
		UNDERWRITER:		UNDERWRITER OFFICE:			
		POLICIES OR PROGRAM REQUESTED				POLICY NUMBER	
		INDICATE SECTIONS ATTACHED					
CONTACT NAME:		<input type="checkbox"/>	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	TRUCKERS/MOTOR CARRIER
PHONE (A/C, No, Ext):		<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	UMBRELLA
FAX (A/C, No):		<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>	VEHICLE SCHEDULE
E-MAIL ADDRESS:		<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	WORKERS COMPENSATION
CODE:		<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	YACHT
SUB CODE:		<input type="checkbox"/>	DEALERS	<input type="checkbox"/>	OPEN CARGO	<input type="checkbox"/>	
AGENCY CUSTOMER ID:		<input type="checkbox"/>	DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>	

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME			DIRECT BILL		
CANCEL					AGENCY BILL	PACKAGE POLICY PREMIUM: \$	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)					MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
FEIN OR SOC SEC # (of First Named Insured):					PHONE (A/C, No, Ext):		
E-MAIL ADDRESS(ES):					WEBSITE ADDRESS(ES):		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME:	DATE BUS STARTED	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE				ID NUMBER:		
INSPECTION CONTACT:				ACCOUNTING RECORDS CONTACT:			
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	

PREMISES INFORMATION

ACORD 823 attached for additional premises

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER				
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?			<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)			<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			<input type="checkbox"/>
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			<input type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?			<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:			<input type="checkbox"/>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)			<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)			
<input type="checkbox"/> COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)			
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)</p> <p>IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>			
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

LINE	CATEGORY																
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE		AGGREGATE													
	PROPERTY DAMAGE	OCCURRENCE		AGGREGATE													
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON		EA ACCIDENT													
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY						ATTACHMENTS	
						STATE SUPPLEMENT(S) (If applicable)	



EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT					
	FAX (A/C, No):						
			PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
					AGENCY		
CODE:		SUBCODE:		FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID							

TERRITORY OF OPERATION**TYPE OF OPERATION****COVERAGE/DEDUCTIBLE****EQUIPMENT STORAGE**

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

UNSCHEDULED EQUIPMENT

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/>					OTHER	
<input type="checkbox"/>					ITEM DESCRIPTION:	
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/>					OTHER	
<input type="checkbox"/>					ITEM DESCRIPTION:	
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/>					OTHER	
<input type="checkbox"/>					ITEM DESCRIPTION:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?	<input type="checkbox"/>
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	<input type="checkbox"/>
3. PROPERTY USED UNDERGROUND?	<input type="checkbox"/>
4. ANY WORK DONE AFLOAT?	<input type="checkbox"/>

SCHEDULED EQUIPMENT

% COINSURANCE

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$

<i>SERFF Tracking Number:</i>	<i>RWCA-125896529</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Rockwood Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$75</i>
<i>Company Tracking Number:</i>	<i>NONFILED IMR FORMS 01/01/2009</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Non-Filed Inland Marine Forms 01/01/2009</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: RWCA-125896529 State: Arkansas
Filing Company: Rockwood Casualty Insurance Company State Tracking Number: EFT \$75
Company Tracking Number: NONFILED IMR FORMS 01/01/2009
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Non-Filed Inland Marine Forms 01/01/2009
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/12/2008

Comments:

Attached

Attachment:

Prop and Casualty Transmittal Non Filed IMR 01 01 2009.pdf

Satisfied -Name: AAIS Filing Authorization
Notification **Review Status:** Approved 11/12/2008

Comments:

See attached

Attachment:

AAIS Filing Notification Form.pdf

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name**Group NAIC #****4. Company Name(s)****Domicile****NAIC #****FEIN #****State #**

Rockwood Casualty Insurance Company

PA

35505

25-1620138

03

5. Company Tracking Number

Non Filed IMR Forms 01/01/2009

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**6. Name and address****Title****Telephone #s****FAX #****e-mail**Andra M. Snyder
654 Main Street
Rockwood, PA 15557Regulatory
Compliance Officer

814-926-5232

814-926-3249

Andra.Snyder@RockwoodCasual
ty.com

7. Signature of authorized filer

8. Please print name of authorized filer

Andra M. Snyder

Filing information (see General Instructions for descriptions of these fields)**9. Type of Insurance (TOI)**

09.0 Inland Marine

10. Sub-Type of Insurance (Sub-TOI)**11. State Specific Product code(s) (if applicable) [See State Specific Requirements]****12. Company Program Title** (Marketing title)**13. Filing Type**
☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules
☒ Forms ☐ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)
14. Effective Date(s) Requested

New: 01/01/2009

Renewal: 01/01/2009

15. Reference Filing?☒ Yes ☐ No**16. Reference Organization** (if applicable)

AAIS

17. Reference Organization # & Title

Countrywide Non Filed Inland Marine Forms Filing AAIS 2008-50

18. Company's Date of Filing

11/11/2008

19. Status of filing in domicile
☒ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	Non Filed IMR Forms 01/01 2009
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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November 11, 2009

Ms. Carol Stiffler
Certified Rate and Form Analyst
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904

re: Rockwood Casualty Insurance Company #35505
Non Filed Inland Marine Program - FORMS FILING - 01/01/2009

Dear Ms. Stiffler:

Rockwood Casualty Insurance Company would like to file the following independent (company) Inland Marine Program Forms, Endorsements, Declaration Pages and Policy Jackets for use in Arkansas on policies effective on and after 01/01/2009:

Rockwood Casualty Insurance Company Policy Jacket
CO 860 01 09 Underground Mining Operations
CO 654 Inland Marine Underground Mining Endorsement
CO 108 Manuscript Endorsement
Declaration Page

Note that Rockwood Casualty has executed a Filing Authorization Notification for NonFiled Inland Marine Forms in Arkansas effective 11/11/2008. I am attaching a copy of the Authorization for your consideration. Note that the Filing Authorization grants AAIS filing authority for all future Form filings in your state.

Sincerely,

Andra M. Snyder
Regulatory Compliance Officer

: enc.

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	Non Filed IMR Forms 01/01/2009			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Not applicable			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Policy Jacket		<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Declaration Page		<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Underground Mining Operations	CO 860 01 09	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Inland Marine Underground Mining Endorsement	CO 654	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Manuscript Endorsement	CO 109	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Inland Marine Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



Filing Authorization Notification

Email: PatP@AAISonline.com

Line of Insurance: **Nonfiled Inland Marine**

Filing Authorization Effective Date: **November 11, 2008**

Company Name:	Rockwood Casualty Insurance Company
Company Address:	654 Main Street
	Rockwood, PA 15557-1098
NAIC# :	35505

Type of Notification
<input checked="" type="checkbox"/> Initial Filing Authorization
<input type="checkbox"/> Revised Filing Authorization

The company identified above is an affiliate of the American Association of Insurance Services (AAIS) and elects to change AAIS filing authority for Loss Costs, Rules, and/or Forms as indicated in the chart below. For those items that indicate filing authorization has been granted, please consider all currently filed and approved AAIS materials and any materials filed by AAIS in the future as filed on behalf of this company.

Filing Authorization Legend		
C= Current Authorization	A=Add Authorization	D=Delete Authorization

State	Loss Costs	Rules	Forms
Alabama*	Exempt		
Arizona*	Exempt		
Arkansas*	Exempt		A
California [∞]	Filing Authorization Not Available		
Colorado [∞]	Filing Authorization Not Available		Exempt
Connecticut*	Exempt		
Delaware*	Exempt		
District of Columbia*	Exempt		
Florida*	Exempt		
Georgia*	Exempt		
Idaho*	Exempt		
Illinois*	Exempt		A
Indiana*	Exempt		
Iowa*	Exempt		A
Kansas*	Exempt		A
Kentucky ^(CG)	See Compliance Guide	Exempt	
Louisiana*	Exempt		A
Maine*	Exempt		
Maryland*	Exempt		
Massachusetts*	Exempt		
Michigan*	Exempt		
Minnesota*	Exempt		
Mississippi*	Exempt		
Missouri ^(CG)	See Compliance Guide		
Montana [∞]	Filing Authorization Not Available		A
Nebraska [∞]	Filing Authorization Not Available		

State	Loss Costs	Rules	Forms
Nevada*	Exempt		A
New Hampshire*	Exempt		
New Jersey*	Exempt		
New Mexico*	Exempt		A
New York-Builders Risk (SCG) ▲	See Compliance Guide		
North Carolina*	Exempt		
North Dakota*	Exempt		
Ohio*	Exempt		
Oklahoma*	Exempt		A
Oregon*	Exempt		A
Pennsylvania*	Exempt		
Rhode Island*	Exempt		
South Carolina*	Exempt		A
South Dakota*	Exempt		
Tennessee*	Exempt		
Texas [∞]	Filing Authorization Not Available		
Utah	Exempt		
Vermont ^(CG)	See Compliance Guide		
Virginia- Motor Truck Cargo/Bailee Cust Floater/Dry Cleaners Classes ▲*	Exempt		A
Washington*	Exempt		
West Virginia*	Exempt		A
Wisconsin*	Exempt		
Wyoming*	Exempt		
Hawaii*	Exempt		
Alaska*	Exempt		
Puerto Rico*	Exempt		

▲ Only specific classes are required to be filed.

∞ Loss Costs, Rules and/or Forms have been filed on an advisory basis. Affiliated companies must reference file to adopt.

* Loss Costs, Rules and/or Forms are not subject to state filing requirements

(CG) See Company Action in "State Notes" section of the Compliance Guide.

This Authorization supersedes any previous Authorization and shall remain in effect until written notice of amendment or cancellation is filed by the undersigned or by the American Association of Insurance Services in your office.

Signed By: 

Title: ASSISTANT SECRETARY / REGULATORY COMPLIANCE

Date: 11/11/2008

OFFICER